

- ☐ Initial Application  
☐ Amended Application  
 Date: \_\_\_\_\_



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

MAY 12 2020

COMMITTEE TYPE (choose one):

☐ **Candidate**

Committee Name (required):  
 (first or last name & office)

JULIA R. GUSSE, CITY COUNCIL

Candidate Information:

Candidate's Name (required):

JULIA ROMERO GUSSE

Candidate's mailing address (required):

19006 N. KRISTAL LN, MARICOPA, AZ

Candidate's email address (required):

JULIAR.GUSSE@MSN.COM

85138

Candidate's phone number (required):

623 8106258

Candidate's website (if any):

JULIA GUSSE.COM

Office Sought (choose one):

☐ Governor

☐ Secretary of State

☐ Attorney General

☐ State Treasurer

☐ Superintendent of Public Instruction

☐ State Mine Inspector

☐ Corporation Commissioner

☐ State Senate

☐ State House of Representatives

☐ District (required): \_\_\_\_\_

☐ County Office: \_\_\_\_\_

☐ District (if applicable): \_\_\_\_\_

☒ City/Town Office: CITY COUNCIL

☐ District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required):

2020

Party Affiliation:

(required for partisan offices)

☐ Democrat

☐ Green

☐ Libertarian

☐ Republican

☐ Other: \_\_\_\_\_

☐ **Political Action Committee (PAC)**

Committee Name (required):  
 (if sponsored, must include  
 sponsor's name)

Political Function (optional):  
 (select any that apply)

☐ Contributions

☐ Candidate-Related Independent Expenditures

☐ Ballot Measure Expenditures

☐ Recall Expenditures

Sponsorship Information:  
 (if applicable)

Sponsor's name or nickname (required): \_\_\_\_\_

Sponsor's mailing address (required): \_\_\_\_\_

Sponsor's email address (required): \_\_\_\_\_

Sponsor's phone number (if any): \_\_\_\_\_

Sponsor's website (if any): \_\_\_\_\_

Special Status  
 (if applicable)

☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union

☐ Standing Committee (must also complete separate standing committee registration)

☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

☐ **Political Party**

Committee Name (required):  
 (must include party affiliation)

Jurisdiction:

☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)

☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)

☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status  
 (if applicable)

☐ Standing Committee (must also complete separate standing committee registration)

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STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

COMMITTEE INFORMATION:

**Contact Information:**  
Committee's mailing address (required): JULIA R. GUSSE  
Committee's email address (required): JULIA R GUSSE@MSN.COM  
Committee's phone number (if any): 623 8106258  
Committee's website (if any): JULIA GUSSE.COM

**Chairperson's Information:**  
Chairperson's name (required): JULIA R. GUSSE  
Chairperson's physical address (required): 19006 N. KRISTAL LN MARICOPA  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): JULIA R GUSSE@MSN.COM  
Chairperson's phone number (required): 623 8106258  
Chairperson's employer (required): AZ STATE, MARICOPA REAL ESTATE CO.  
Chairperson's occupation (required): Education/Realtor

**Treasurer's Information:**  
Treasurer's name (required): Same as Chairperson  
Treasurer's physical address (required): Same as Chairperson  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): same as Chairperson  
Treasurer's phone number (required): same as Chairperson  
Treasurer's employer (required): same as Chairperson  
Treasurer's occupation (required): Same as Chairperson

**Bank or Financial Institution:**  
(do not list acct numbers)  
Bank name (required): Great Western Bank  
Additional bank name (if applicable): \_\_\_\_\_  
Additional bank name (if applicable): \_\_\_\_\_

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.

Chairperson's signature: [Signature] Date: 5-12-2020

Treasurer's signature: [Signature] Date: 5-12-2020

Candidate's signature (if applicable): [Signature] Date: 5-12-2020